



## Gallatin City-County Health Department

### Human Services

12 N. 3<sup>rd</sup> Ave

Bozeman, MT 59715

406-582-3100 • FAX 406-582-3112

[www.co.gallatin.mt.us/health/index.htm](http://www.co.gallatin.mt.us/health/index.htm)

### Environmental Health Services

311 West Main, Room 108

Bozeman, MT 59715

406-582-3120 • FAX 406-582-3128

## **RETAIL FOOD SERVICE COMMISSARY FORM** **Pushcart/Mobile Food Units**

Pursuant to Administrative Rules of Montana (ARM) 37.110.256, (5) A mobile food service must report as needed to a servicing area for supplies, cleaning, and maintenance, unless otherwise allowed by the local health authority. 37.110.257 (1) Pushcarts must operate in accordance with ARM 37.110.256.

Establishment Name \_\_\_\_\_ License Number \_\_\_\_\_

Located at \_\_\_\_\_

Will be the commissary for \_\_\_\_\_

Those areas and/or equipment used at the commissary include the following items

Check all items that apply

- ☐ Water source
- ☐ Wastewater disposal
- ☐ Restroom (within 200 feet of the pushcart/mobile)
- ☐ Garbage disposal
- ☐ Equipment, utensil ware washing
- ☐ Food preparation
- ☐ Equipment storage
- ☐ Food storage
- ☐ Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned parties agree to comply with the terms and conditions as checked above. If at any time the agreement between the commissary and the pushcart/mobile food unit is terminated, the Gallatin City County Health Department must be contacted and the operations at the pushcart/mobile food unit will cease and desist until another commissary is approved for use by the GCCHD.

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date